

WRENS CLUB- EMERGENCY INFORMATION

FAMILY (last) NAME _____

Name(s) of Child(ren), Grade: _____

Health issues/Allergies: _____

Routine Medications: _____

Mother Name and Address:

Phone#:

Home _____ Work _____ Cell _____

Mother's email _____

Father Name and Address:

Phone#:

Home _____ Work _____ Cell _____

Father's email _____

Family Doctor/Clinic:

_____ / _____ Phone#: _____

Name of Person(s) that could be called if parent cannot be reached:

Name, Relationship, Phone number(s)

1. _____

2. _____

The following named people may pick my child from school:

I have discussed with my child(ren) a procedure to follow in case of emergency dismissal from school? ▲ Yes ▲ No

I understand that it is my responsibility to notify the school immediately of any contact information and/or of all health/medical changes for my child(ren). If neither parents or authorized person can be contacted in case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center.

Signature of parent or guardian _____ Date _____